

Receipt: 8658
Acct #: 392
City Of Elgin
180 N 8Th
PO Box 128
Elgin, OR 97827
541-437-2253

09/11/2017
COPY

General Receipt Customer

Elgin, OR 97827

Treasurers Receipt

License Type

Memo OLCC Renewal - Friends Of The
Joseph Branch; Check 1434;
\$10.00

FRIENDS OF
PO BOX 422
ENTERPRISE

Server Educator
SORRELS, S

Liquor License Renewal Fee	10.00
Non Taxed Amt:	10.00
Total:	10.00
Chk: 1434	10.00
Ttl Tendered:	10.00
Change:	0.00

Operation

Issued By: Lessa
09/11/2017 15:19:36

Liquor Commission

97269 1-800-452-6522

Application

License is September 11, 2017.

License: 245334	Premises: 56250	Code: 226
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(s) FRIENDS OF THE JOSEPH BRANCH

EAGLE CAP EXCURSION TRAIN
300 DEPOT ST
ELGIN OR 97827

Name				
DOB				
Phone Number:				
Email:				
Name	Offense	Date	City/State	Result
Insurance Company				
Illinois Union Ins. Co.				
Policy # LQRORF 111917694002				
☒ NO ☐ YES EXPLAIN:				
☒ NO ☐ YES EXPLAIN:				

IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON 09/30/2017. If you do not renew before this date, you must stop selling or serving alcohol immediately. NO EXCEPTIONS! Selling or serving alcohol with an expired license is a crime.

SEP 11 2017
BY: *h*

Licensee(s): FRIENDS OF THE JOSEPH BRANCH

License: 245334

Premises: 56250

Payment #1 to OLCC: <i>Make check or money order payable to OLCC. Do not mail cash. Send your application and payment to OLCC License Renewals; PO Box 22297; Milwaukie, OR 97269.</i>	Dollar Amount (\$)
If completed renewal application is postmarked by 09/11/2017 pay this amount.	\$202.60
If completed renewal application is postmarked after 09/11/2017 but on or before 09/30/2017 pay this amount.	\$252.60
If completed renewal application is postmarked after 09/30/2017 pay this amount.	\$282.60

Payment #2 to Local Government: <i>Make check or money order payable to City/County listed below if a fee is required. Do not mail cash.</i>	
Local government City of Elgin located at PO Box 128; Elgin, OR 97827 requires a \$10.00 processing fee. Send a copy of your completed application <u>with</u> this fee. Have you paid this processing fee? We will not process your application until this has been paid.	☒ YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

SOCIAL SECURITY NUMBER AUTHORIZATION

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above. You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature Section:

Who must sign -- One member of an LLC. One officer of a corporation. One partner in a limited partnership. Each person if licensed as individuals.

Print Name	Social Security Number	Date of Birth	Sex M/F	Today's date	Signature	SSN Authorization
M. Edward Spradlin	543-64-8365	10-30-51	M	8-30-17		☐ NO ☒ YES
						☐ NO ☐ YES
						☐ NO ☐ YES
						☐ NO ☐ YES
						☐ NO ☐ YES



FRIENDS OF THE JOSEPH BRANCH

P.O. BOX 422
ENTERPRISE, OR 97828-0422

COMMUNITY BANK

96-387/1232

1434

08/01/2017

PAY TO THE
ORDER OF

City of Elgin

\$ **10.00

Ten and 00/100*****

DOLLARS

City of Elgin
PO Box 128
Elgin, OR 97827

 Security features
included. Details
on back.


AUTHORIZED SIGNATURE

MEMO

⑈001434⑈ ⑆123203878⑆ 01058363⑈

FRIENDS OF THE JOSEPH BRANCH

City of Elgin

08/01/2017

1434

10.00

Checking Account

10.00